



DTW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,744	
	Filing Date	September 15, 2003	
	First Named Inventor	John J. Quinn	
	Art Unit	1634	
	Examiner Name	Jennifer Shin Shin Wong	
Mail Stop	Amendment	Attorney Docket Number	1300-0008

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee(s) due: \$ _____ <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - <input type="checkbox"/> Affidavits/declaration(s) - <input type="checkbox"/> ___-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Other Enclosure(s) (see remarks): Claim Count <table border="1"><tr><td>Total Claims</td><td>37</td><td>- 37 =</td><td>0</td><td>New Claim No.</td><td>0</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 2 =</td><td>0</td><td></td><td>0</td></tr></table>	Total Claims	37	- 37 =	0	New Claim No.	0	Independent Claims	2	- 2 =	0		0
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Independent Claims	2	- 2 =	0		0									

REMARKS

1. Replacement Sheet for Figure 2

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Karen Canaan, Reg. No. 42,382 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature	<i>Karen Canaan</i>	Date	April 14, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Yesenia Garcia	Date	April 14, 2006
Signature	<i>Yesenia Garcia</i>		